Complete and send this form, together with app

ble fee(s), to: Mail

Mail Stop ISSUE FE Commissioner for Pa P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where m

indicated unless corrected maintenance fee notificatio	below or directed otherwise ns.	in Block 1, by (a	specifying a ne	ation of r	pondence addres	s; and/or (b)	ndicating a sep	arate "FEE ADDRESS" for
CURRENT CORRESPONDENT		Fee	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
COHEN, PONTA 551 FIFTH AVEN SUITE 1210 NEW YORK, NY	PETE	THE TRADENARY		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.				
08/30/2005 GWORDOF2 000				Thomas L	anger		(Depositor's name)	
N1 EC-3EN1				The state of the s		as Longer		(Signature)
2 FC:1504 300 00 00			August			25, 2005		(Date)
APPLICATION NO.	FILING DATEO OF		FIRST NAMED INVENTO			ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/697,129	10/697,129 10/29/2003			Miki Moriyama			72PCON	9745
TITLE OF INVENTION SEMICONDUCTOR SUBS	: SEMICONDUCTOR RA	ADIATION DETE	ECTOR HAVIG	3 VOLT	AGE APPLICA	TION MEAN	S COMPRISE	ES INXCDYTEZONCDTE
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	E PUBLICATION FEE		TOTAL FEE(S) DUE		DATE DUE
nonprovisional	YES	\$700			\$300	\$	1000	09/08/2005
EXAMINER		ART UNIT		CLASS	-SUBCLASS			
MAI,		25	-442000	_				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (p	rint or ty	pe)			
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion of	elow, no assignee of this form is NO?	data will appear I a substitute for	on the p	atent. If an assig assignment.	gnee is identifi	ed below, the o	document has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Acrorad Co.	Okinawa, Japan							
Please check the appropriate	e assignee category or categor	ries (will not be pri	inted on the pater	nt): 🗆	Individual 🔯 (Corporation or	other private gr	oup entity Government
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):								
Issue Fee Publication Fee (No s	_	A check in the amount of the fee(s) is enclosed.						
Advance Order - # o	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to							
			Deposit Accoun	it Number		(ei	iclose an extra c	copy of this form).
	s (from status indicated above SMALL ENTITY status. See 3		☐ b. Applicant	is no lon	ger claiming SM	ALL ENTITY	status. See 37 C	FR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec	is requested to apply the Issu Publication Fee (if required) words of the United States Pate	e Fee and Publicat vill not be accepted ent and Trademark	tion Fee (if any) of I from anyone of Office.	or to re-ap her than t	oply any previou ne applicant; a re	sly paid issue i gistered attorn	ee to the applicate or t	ation identified above. he assignee or other party in
Authorized Signature	Thomas do	Date August 25, 2005						
Typed or printed name _	Thomas Langer	/	Registration No. 27, 264					

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.